

1526

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4863 ✓

CERTIFICATE OF DEATH

4 DEATH 206 SIDENCE	1. PLACE OF DEATH A. COUNTY <u>Yavapai</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Yavapai</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Prescott R</u>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>43 yr</u> <u>51 yr</u>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Yav. Co. Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Yarnell</u>	
	REGISTRAR'S NO. <u>271E</u>			
ENT NAL A/69 4 849	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>ELIEL</u> B. (MIDDLE) <u>G.</u> C. (LAST) <u>SHARPNACK</u>			4. SEX <u>Male</u>
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			5. COLOR OR RACE <u>White</u>
	7. DATE OF BIRTH MONTH <u>Oct.</u> DAY <u>29</u> YEAR <u>179</u>			8. AGE YEARS <u>69</u> MONTHS <u>9</u> DAYS <u>24</u>
	9. KIND OF BUSINESS OR INDUSTRY <u>Accountant</u>			10. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <u>Accountant</u>
ISE TH 18)	11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Iowa</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	
	13. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		14. SOCIAL SECURITY NO. <u>526-01-1748</u>	
	15. FATHER'S NAME <u>Mathew C. Sharpnack</u>		16. BIRTHPLACE (STATE OR COUNTRY) <u>West Virginia</u>	
	17. MOTHER'S MAIDEN NAME <u>Mary Ann Richardson</u>		18. BIRTHPLACE (STATE OR COUNTRY) <u>Iowa</u>	
IONS, PSY TH TO NAL NCE	19. INFORMANT'S SIGNATURE <u>E. G. Sharpnack</u>		20. ADDRESS <u>Prescott, Ariz</u>	
	21. DATE OF DEATH (MONTH) <u>August</u> (DAY) <u>23</u> (YEAR) <u>1949</u>		22. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.	
	23. MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* <u>Septicemic Chl Arteriosclerosis</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <u>Due to</u> <u>Gangrene lower extremities</u> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		24. INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
	25. DATE OF OPERATION		26. MAJOR FINDINGS OF OPERATION	
CAL NER'S ATION	27. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		28. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	29. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) OF INJURY		30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
	31. HOW DID INJURY OCCUR?		32. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>10 Aug 1949</u> TO <u>23 Aug 49</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>23 Aug 1949</u> AND THAT DEATH OCCURRED <u>8:30 P</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
RAL TOR D RAR	23A. SIGNATURE <u>[Signature]</u> (DEGREE OR TITLE)		23B. ADDRESS <u>[Address]</u>	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Aug. 26, 1949</u>	
	24C. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>		24D. LOCATION (CITY) TOWN OR COUNTY (STATE) <u>Prescott, Arizona</u>	
	25A. DATE REC'D BY LOCAL REG. <u>Sept 10, 1949</u>		25B. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
26. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Ruffner</u>		27. EMBALMER'S SIGNATURE <u>Robert V. Ingraham</u>		
28. ADDRESS <u>Prescott</u>		29. CERT. NO. <u>294A</u>		